



A REGIONAL SUMMIT ON IMPROVING TRANSIT ACCESS
TO HEALTH AND SOCIAL SERVICES

better access better service



September 15, 2010

Project Background

- Evolved out of MTC's Coordinated Plan (2007)
 - Strategy to enhance land use & transportation coordination
- Focus on facility location decisions for health care and social services
 - What existing policies and practices influence where these services are located?
 - What can be done to enhance transit access as a factor in these decisions?

Summit Objectives

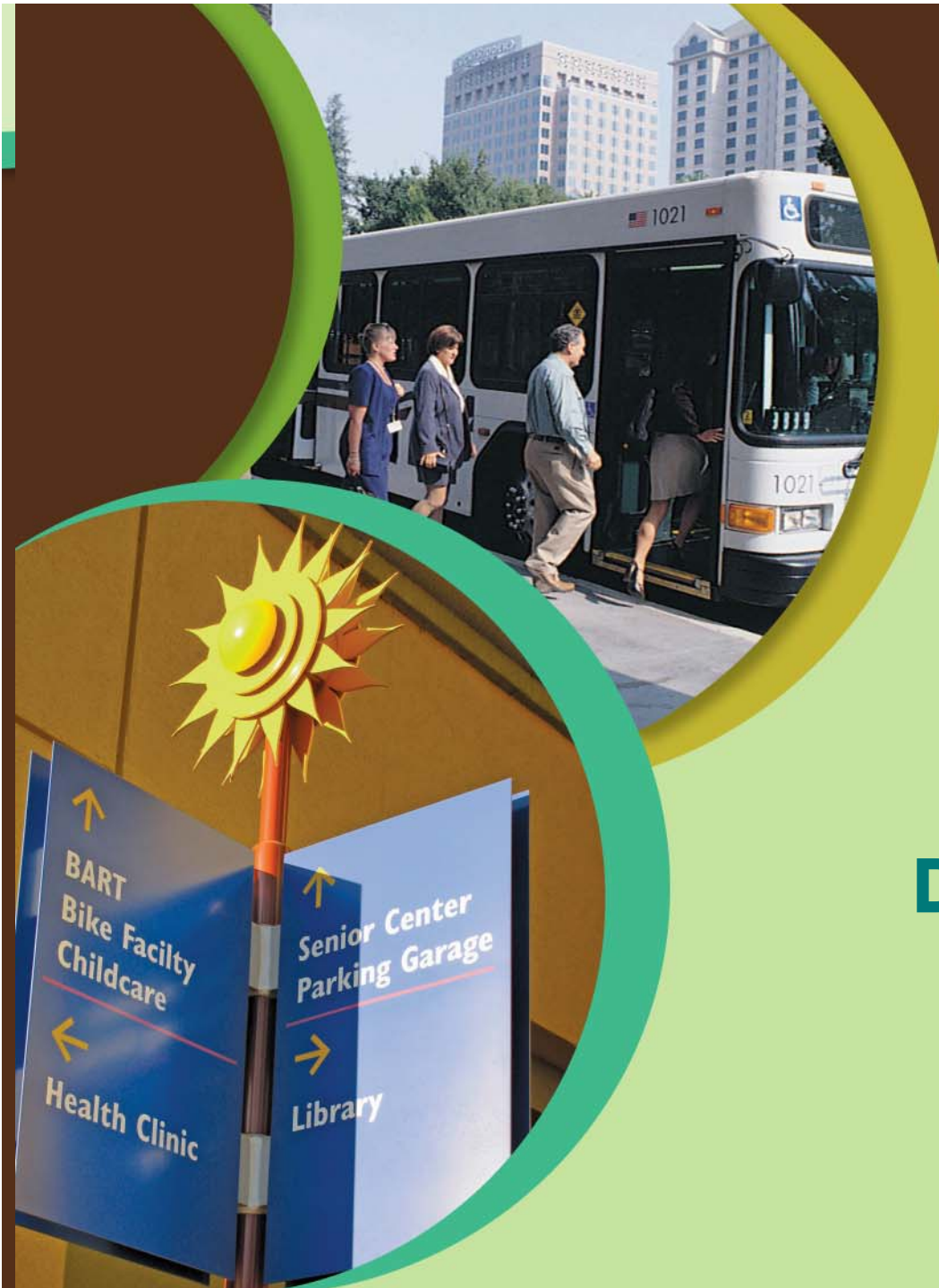
- Share information & key project findings
- Discuss strategies that will impact health care and social service facility locations near transit

Summit Agenda

- ✓ Welcome and Introductions
- ✓ Keynote Address
- ✓ Setting the Scene: Presentation
- ✓ Case Studies: Presentation and Panel Discussion

--Break/Box Lunches--

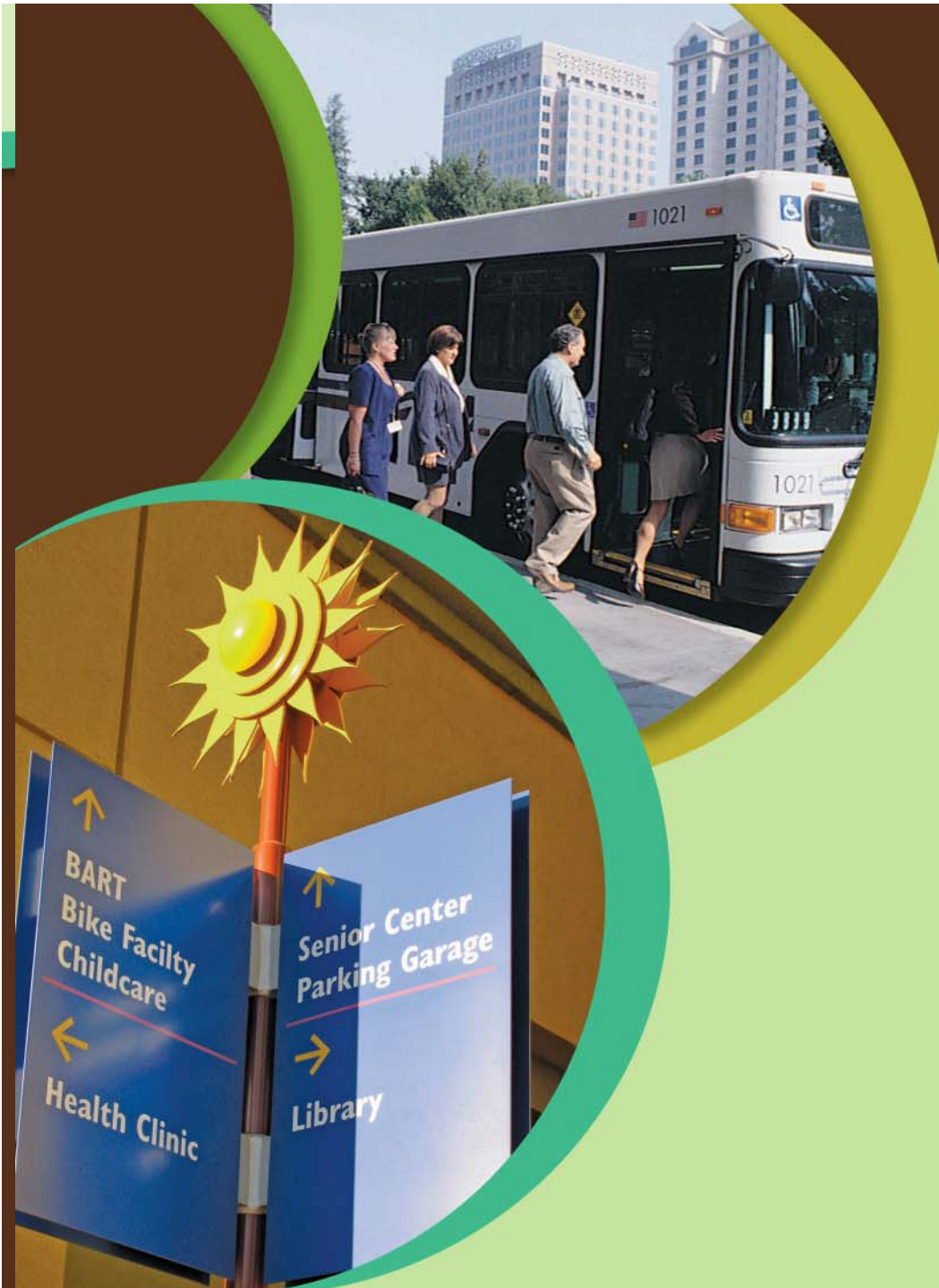
- ✓ Table-Top Discussions
- ✓ Report-Backs
- ✓ Wrap-Up and Next Steps



Keynote Address

Dr. Wendel Brunner

*Director of Public Health,
Contra Costa County
Health Services Dept.*



Setting the Scene:

Opportunities and Challenges

Project Elements

- Mapping of fixed-route transit accessibility in Alameda and Contra Costa counties
- Policy research at local, federal and state levels
- Key informant interviews
- Case studies
- Regional summit

Stakeholder Outreach & Engagement

- Elected officials
- Real estate and development professionals
- Land use and transportation planners
- Transportation service providers
- Social service providers
- Public health professionals
- Community-based organizations

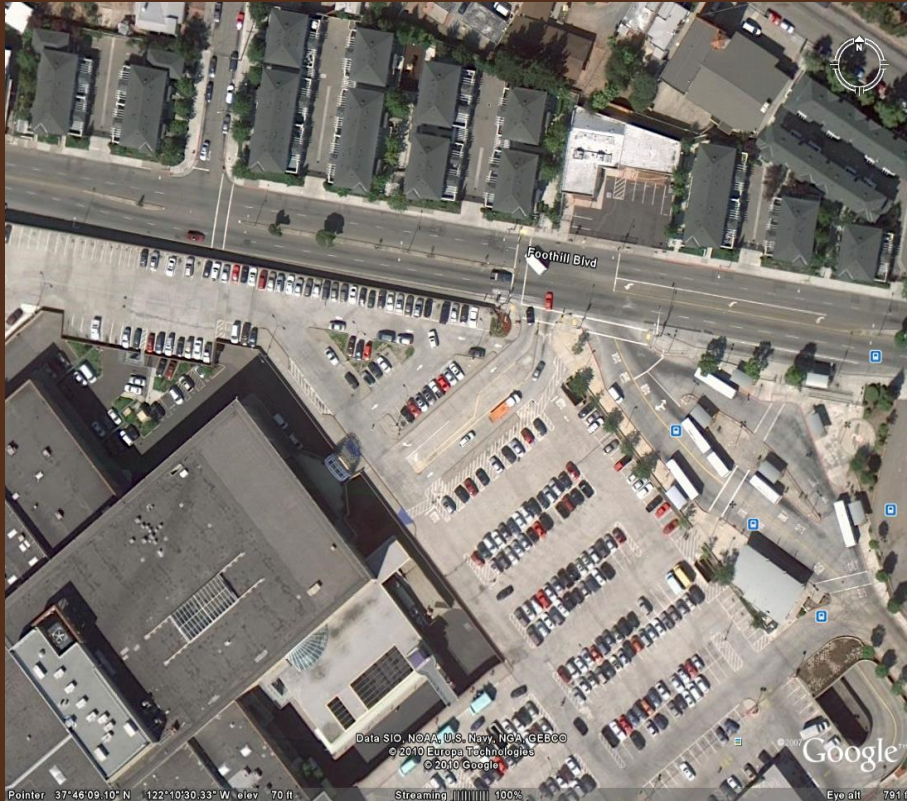
Stakeholder Outreach & Engagement

- Technical Advisory Committee
- Key informant interviews (36)
- Focus groups (3)



Are facilities transit-accessible in Alameda & Contra Costa Counties?

- 88% have adequate or better transit service
 - At least one bus every 30 minutes weekdays within one-quarter of a mile
- Most facilities with inadequate service are “east of the hills”
 - Contra Costa Regional Medical Center (Martinez)
 - John Muir Hospital (Walnut Creek)
 - Kaiser Permanente (Antioch)



Eastmont Mall
Multi-service Center
(Oakland)



Kaiser Permanente
Medical Center
(Antioch)

What are key stakeholder perspectives on transit accessibility?

- “Some proximity to transit” is an absolute requirement
- Access for transit-dependent populations
- Employee transit access
- Distant locations of specialized health care facilities
- Available alternative modes of travel

What drives location decisions?

- Meeting the demand for service
- Proximity to clientele
- Large enough facility to accommodate intended uses
- Cost and availability



Federal, State & Local Policy Influence

- Facility location approval is mostly a City/County decision
- Local policies include agency standards & planning policies
- State policies exist but are difficult to enforce: “shall give consideration to the location in existing public transit corridors”
- Some federal policy direction is in place

What are the most promising solutions to improve transit access?

- Land Use & Built Environment
- Policy and Planning



What are the most promising solutions to improve transit access?

Land Use & Built Environment

- Neighborhood-serving clinics and centers
- Central co-located services
- Infill and re-use opportunities

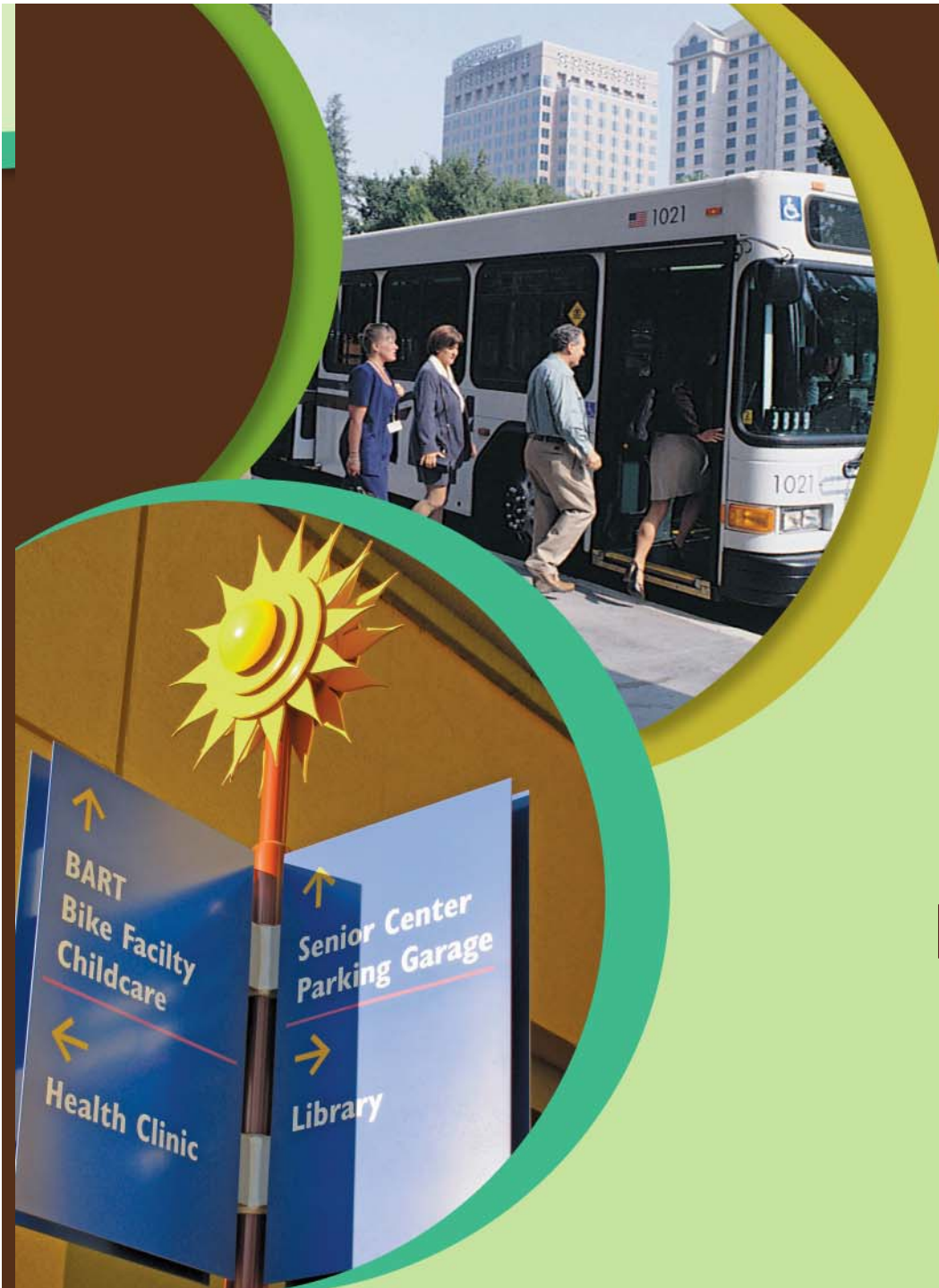


What are the most promising solutions to improve transit access?

Policy and Planning

- Be proactive in planning and locating facilities
- Engage the community
- Build political will





Case Studies:

Transit Access Makes a Difference

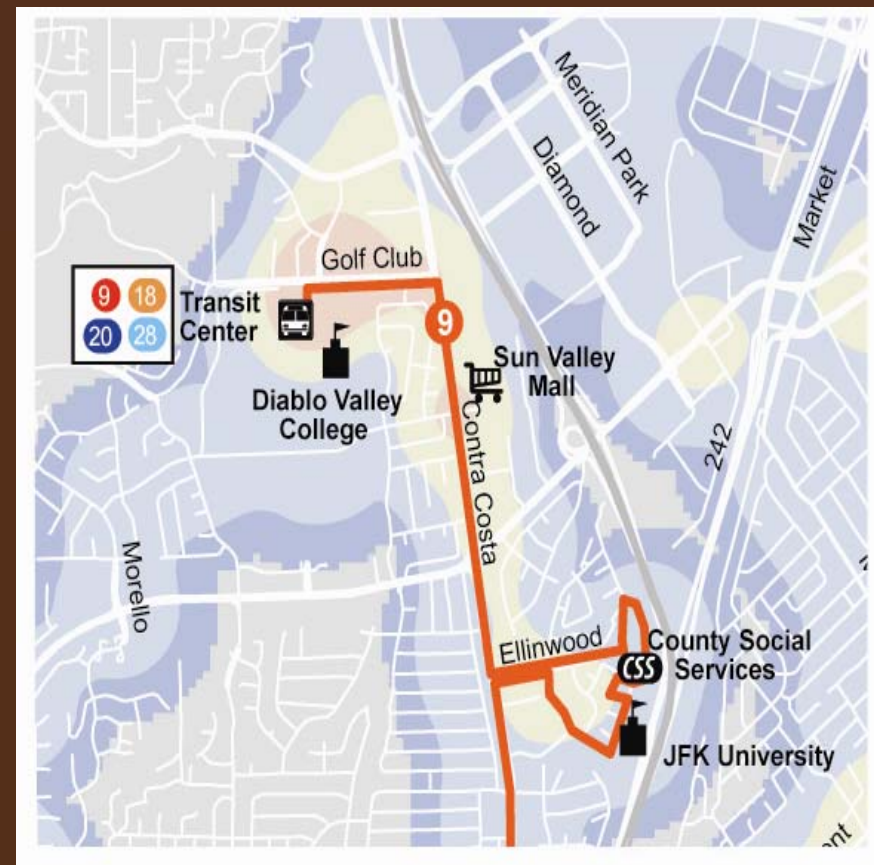
Case Studies Overview

- Five facilities
- Urban and suburban
- Sizes ranging from 14,000 to 1 million sq. ft.
- Hospital, County agency, and community-based clinics/centers



Contra Costa County Employment & Human Services

- Pleasant Hill
- Co-located services
- 140,000 sq. ft.
- One bus route every 40 - 80 minutes
- Site and transit access improved over previous location
- Only 5% of clients use the bus



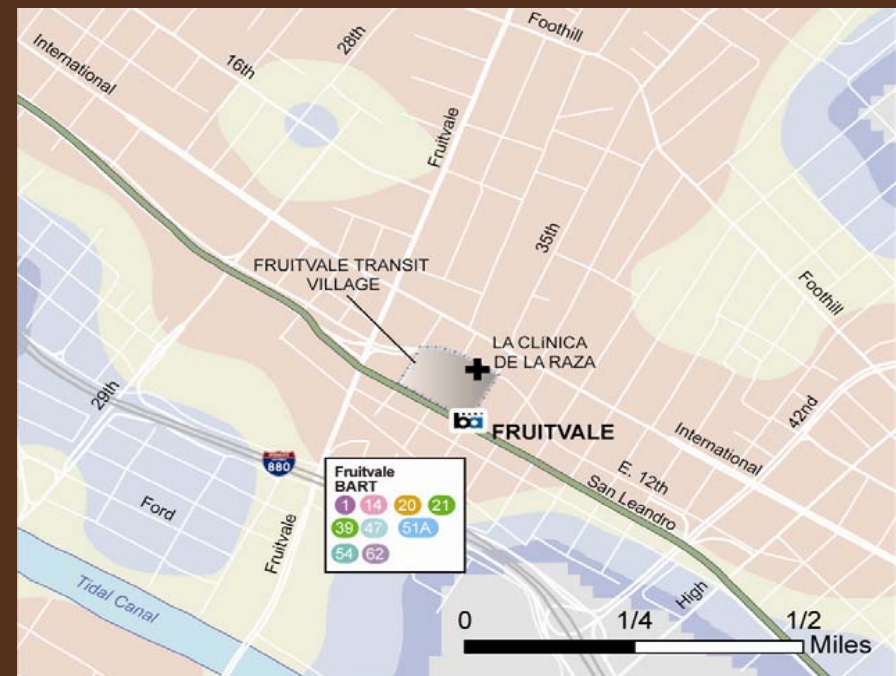
Ed Roberts Campus at Ashby BART

- Berkeley
- Non-profit multi-service center
- 85,000 sq. ft.
- Client base includes many mobility-impaired transit users
- Complex and lengthy permitting, design and funding process



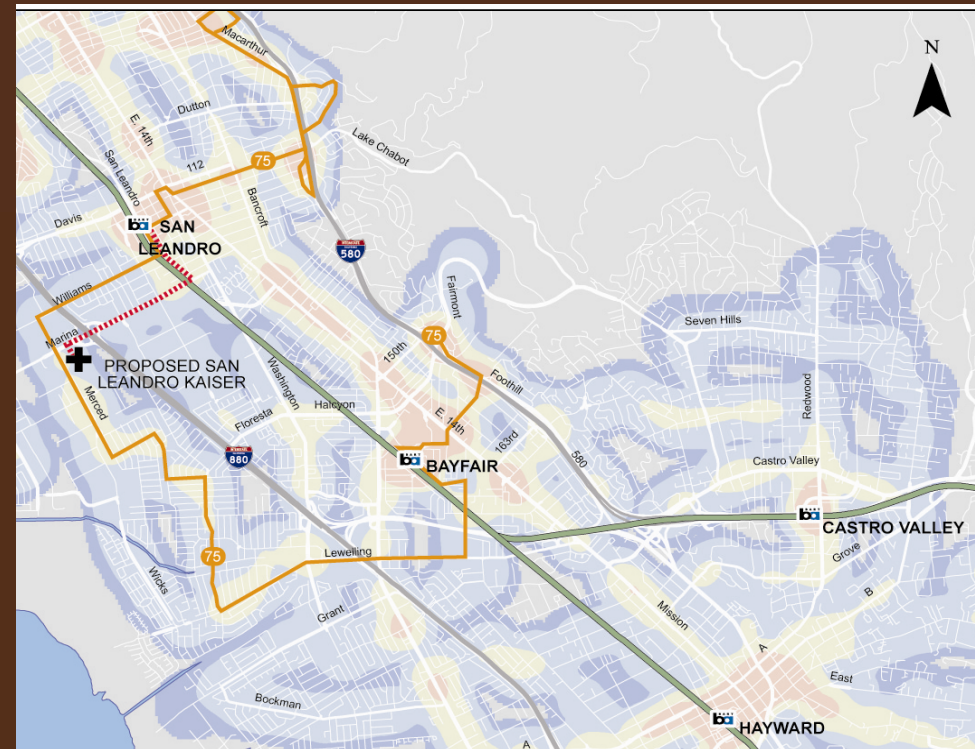
La Clínica de la Raza

- Oakland and Concord locations
- Community-based medical services
- Fruitvale Transit Village (Oakland, 42,000 sq. ft.)
- Monument Corridor (Concord, 14,000 sq. ft.)
- Neighborhood & transit-oriented client base



Kaiser Permanente San Leandro Medical Center

- 38-acre site
- Potentially 1.1 million sq. ft.
- Template design process
- Limited transit service
- TDM commitment to 15-minute shuttle frequency to San Leandro BART

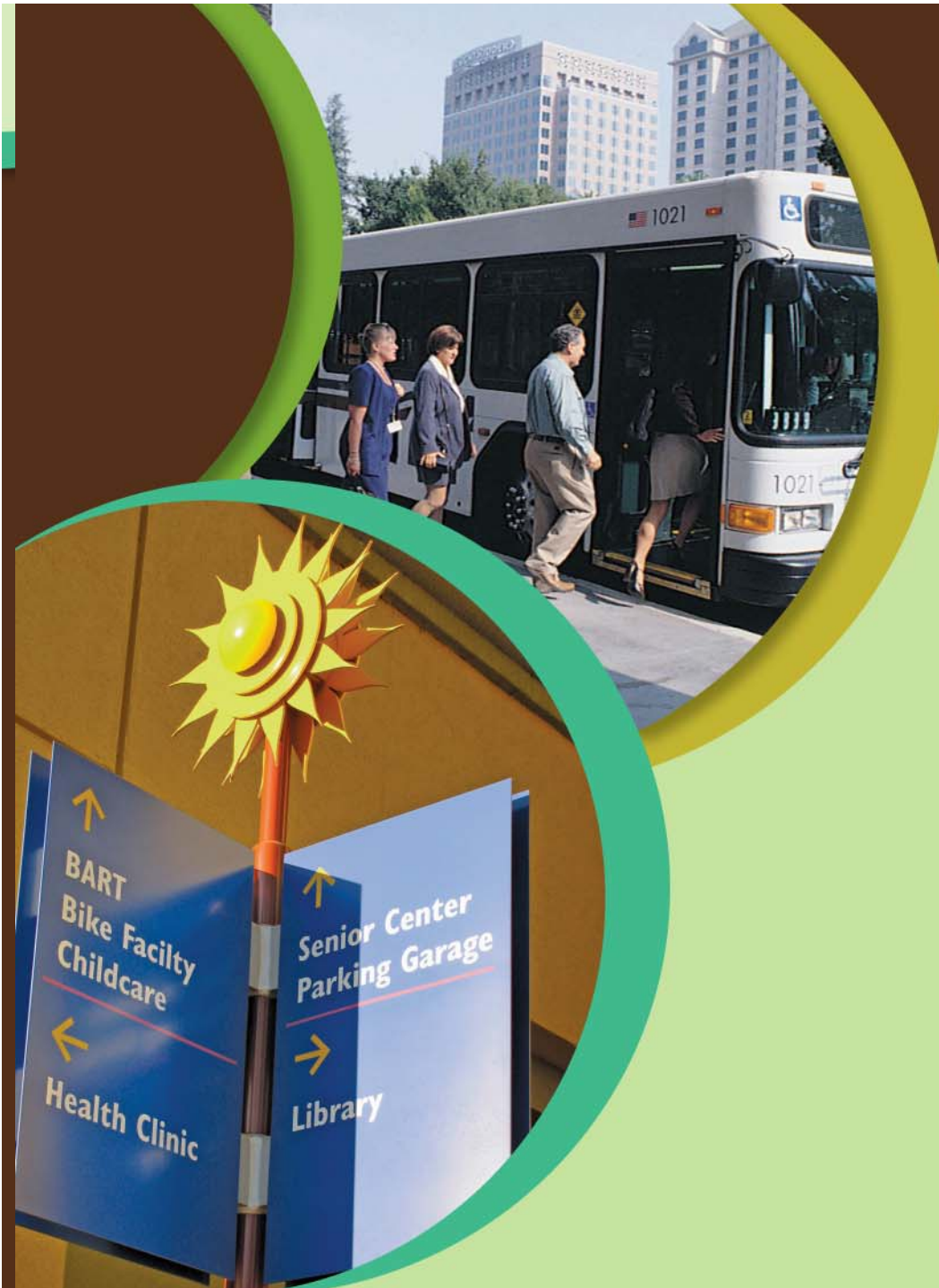


Case Study Findings & Conclusions

- Growing role of community-based organizations in service delivery
- Large medical centers require large sites
 - Seldom have excellent transit access
 - Majority of clients use autos
- Definitions of “transit-accessible” vary
- County field offices locate in single tenant buildings

Case Study Findings & Conclusions (cont'd)

- Many challenges to creating a multi-service center
- Redevelopment agencies discourage public agency clients
- Rent differentials are a very small factor in total agency operating costs



Panel Discussion



Table-Top Discussions: What Needs to Happen to Create Better Location Decisions



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Discussion Questions